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John Flink
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**Indian Health
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Garfield Little Light

Legislators
Rep. Mary Caferro
(also advocate –
WEEL)
Rep. Christine
Kaufmann (also
advocate – Human
Rights Network)
Sen. Greg Lind (also
provider -- MD)

Private insurance
Tanya Ask
Angela Huschka
Susan Witte

Public advocacy
Claudia Clifford
Mary Williams

**Public health &
primary care**
Cherry Loney
Mary Beth Frideres

State Auditors Office
Erin McGowan

TO: Joan Miles, Director, Department of Public Health and Human Services
FROM: Steering Committee (*see list at left*)
SUBJECT: Committee Recommendations as of end of continuation grant cycle
DATE: December 15, 2006

Attached is a report on our progress as the Steering Committee to Montana's State Planning Grant. It includes policy guidance and recommendations that we developed after more than 5 meetings, a statewide videoconference that was designed to gain public comment on our work and numerous phone conferences.

The purpose of this document is to give our collective guidance and advice to Department of Public Health & Human Services (DPHHS) on how to promote accessible, affordable, high-quality health care for all Montanans. This document is to assist with **long-term** policy development, not to provide specific recommendations for the upcoming legislative session. However, some of the recommendations originated from individuals representing entities who were independently planning to solicit legislative sponsorship (of some of the recommendations) for the upcoming 2007 legislative session.

Although we were not charged with reaching consensus on the future of access to health care, health care coverage and prevention for Montanans, we are unified in our support for the policy directions contained in this document. We thank Governor Brian Schweitzer for providing us the opportunity to continue this very important discussion on how to provide health care to all Montanans.

We applaud the three agencies with which we worked (DPHHS, Department of Labor and the Insurance Commissioner) for making a commitment to continue to work with a committee of stakeholders to address this issue on an on-going basis, and to collect, monitor, and evaluate Montana-specific data to inform this effort over the long-term. We all agree that creating a **"home" for health care policy development** is likely to be the **most important policy direction** to come from our deliberations and that we must continue to ask ourselves: Are the programs and policies we have in place helping? What are we learning? Are we making stronger connections between health behaviors and health status, are we carrying the conversation to a broader level? Further, we understand that Montana **state government cannot address this issue alone**. Therefore, the policy guidance and recommendations presented here are intended as **advice for all partners in the health care system**.

We make specific note of the special needs for health care among the state's Native American population. It was apparent as we deliberated that the observations and special environment of this population require additional consideration and we are grateful to Garfield Little Light, the Indian Health Service representative on the committee, for his insights. We felt Native American issues should be presented and handled separately. Thus, the recommendation contained here (# 3) provides some awareness of the unique and different needs of this population.

All the results of this grant including updated data on how Montana employers are faring at providing health insurance coverage to employees and their families; a Plan to evaluate the impact of current legislative initiatives (that passed the 2005 Legislature) and proposals for sustaining methods to gather information about health insurance for the population in general are available at the DPHHS website: www.dphhs.mt.gov/uninsured/index.shtml.

Although this marks the end of federal funding for this effort, many of us are ready to keep the dialog going. We suggest the next iteration of a steering committee include someone who is uninsured, as well as a provider of direct care. Also, continuity of participation and commitment is critically important, as is continuing face-to-face work so we keep building relationships with each other and build on the tremendous wealth of data we have compiled on this issue. These are the ingredients that will eventually allow us to turn the health care situation around. Thank you for bringing us together and for your commitment of staff to this process, as well as your continuing leadership.

